

# Pharmacy Program

**\$0\*/0/45/65 Retail Copays; 50% Injectables Coinsurance\*\*  
\$200 Deductible**

## Summary of Benefits

Plan Feature	Amount	Description
<b>Deductible</b>	\$200	Once you meet your deductible, you will pay a different copay depending on whether you receive a preferred brand name drug or non-preferred brand name drug. All Generics and Preferred Preventive Drugs* are not subject to any medical or drug deductible.
<b>Generic Drugs (Tier 1)</b> (up to a 34-day supply)	\$0 (not subject to deductible)	All generic drugs covered at this level.
<b>Preferred Brand Name Drugs (Tier 2)</b> (up to a 34-day supply)	\$45	All preferred brand name drugs are covered at this copay level.
<b>Non-Preferred Brand Name Drugs (Tier 3)</b> (up to a 34-day supply)	\$65	All non-preferred brand name drugs are covered at this copay level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist.
<b>Self-Administered Injectables</b> (excluding insulin) <b>(Tier 4)</b> (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
<b>Maintenance Copays</b> (up to a 90-day supply)	generic: \$0 preferred: \$90 non-preferred: \$130	Maintenance drugs of up to a 90-day supply are available for twice the copay through the Rx Delivered or retail pharmacy.
<b>Mandatory Generic Substitution</b>	Yes	If you choose a non-preferred brand name drug (Tier 3) when a generic equivalent (Tier 1) is available, you will pay the highest copay PLUS the difference in cost between the non-preferred brand name drug and the generic drug up to the cost of the prescription. If a generic option is not available, you will only pay the appropriate copay.
<b>Prior Authorization</b>	Yes	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug website at <a href="http://www.carefirst.com/rx">www.carefirst.com/rx</a> .

\* A Preferred Preventive Drug (not subject to any copay), is a generic medication prescribed by a provider under a written prescription, in one of these four categories – Aspirin, Folic Acid, Fluoride and Iron Supplements. A full copy of this list can be obtained on [www.carefirst.com/rx](http://www.carefirst.com/rx). This list is subject to change.

\*\* Injectables = Self-Administered Injectables

• This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**Policy Form Numbers:** MD/CFBC/MSGR/RX (R. 11/11) and any amendments



Access [www.carefirst.com/rx](http://www.carefirst.com/rx) for more information, the most up-to-date preferred drug list, and a list of preventive generics that are not subject to the deductible and have a \$0 copay.



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